

PART D, DIVISION I HEALTHCHECK SCREENING SERVICES	SECTION III PRIOR AUTHORIZATION	ISSUED 05/95	PAGE 1D3-001
--	---	------------------------------	------------------------------

- A. PRIOR AUTHORIZATION** HealthCheck screenings do not require prior authorization. However, services which result from a HealthCheck referral are subject to all applicable prior authorization requirements.
- B. PRIOR AUTHORIZATION FOR HEALTHCHECK "OTHER SERVICES"**
- Providers performing HealthCheck "Other Services" must submit a prior authorization request to EDS within 365 days of the HealthCheck examination during which the need for the service or item was determined. (Refer to Section II-F of this handbook for a description of HealthCheck "Other Services".)
- The prior authorization request must be submitted by the provider who will provide the service within 365 days of a HealthCheck screening, and must include the following components:
1. A completed prior authorization form and appropriate attachment for the service to be provided. Do not include the CPT-4 code and type of service code for the service being requested. This information will be completed by the WMAP Medical Consultant. Refer to Appendix 14 of Part A of the WMAP Handbook for a list of required prior authorization forms for each type of provider, and to provider type specific handbooks and bulletins for instructions on form completion. Prior authorization request forms can be obtained by submitting a written request to:

EDS
Attn: Claim Reorder
6406 Bridge Road
Madison, WI 53784-0003
 2. A copy of the completed and signed documentation demonstrating that a HealthCheck screen has taken place within the last 365 days.
 3. On the prior authorization or HealthCheck referral form, or in the prior authorization attachment, the provider must include the following information:
 - a. The medical necessity of the service;
 - b. Information about the service itself;
 - c. If the provider is not certified or eligible for certification with the WMAP, information about the provider's qualifications, and why the provider is qualified to deliver that particular service; and
 - d. Any other information that will help define the recipient's need, the provider's skills, and the type of service or item to be provided.
- For enrollees in WMAP-contracted managed care program(s), providers must submit a request to the managed care programs except for environmental inspections which are fee-for-service. Procedures for this submission must be obtained from the managed care program. If the managed care program denies a request, the recipient may appeal the decision utilizing the managed care program appeal process.
- C. PRIOR AUTHORIZATION FOR ENVIRONMENTAL ASSESSMENTS FOR LEAD POISONING**
- To receive prior authorization, send a completed Prior Authorization Request Form (PA/Rf) and a completed Prior Authorization for Environmental Inspection Form (PA/EI) to EDS or submit your request electronically. Directions for electronic prior authorization requests are in Appendix 23 of this handbook. The PA/Rf may be obtained from EDS. The PA/EI is in Appendix 22 of this handbook. Environmental inspection is covered on a fee-for-service basis for all WMAP recipients, including recipients in WMAP-contracted managed care programs.

PART D, DIVISION I HEALTHCHECK SCREENING SERVICES	SECTION III PRIOR AUTHORIZATION	ISSUED 05/95	PAGE 1D3-002
---	--	---------------------	---------------------

**D. PRIOR
AUTHORIZATION
FOR
HEALTHCHECK
"OTHER
SERVICES"
(continued)**

Each prior authorization for lead inspection of a child's home for the source of lead poisoning will allow one initial inspection (W7083) and one follow-up inspection (W7084). Additionally, one interperiodic visit by a nurse for education related to lead poisoning may be needed and is billed with procedure code W7017. (Procedure Code W7017 *does not* require prior authorization, but it is only covered when W7083 or W7084 is prior authorized.)